



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Blvd., Mail Stop C4-23-07  
Baltimore, Maryland 21244

**HEALTH PLAN BENEFITS GROUP**

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**DATE:** November 20, 2001

**TO:** All Medicare-Contracting Managed Care Organizations (MCOs)

**FROM:** Gary A. Bailey, Director

**SUBJECT:** Revised Monthly Membership Report for 2002 – Testing Process

**The Information In This Letter Applies To All MCOs As Only One Version Of This Report Will Be Available Effective 12/2001.**

This letter provides instructions for MCOs on how to access and download a test version of the new monthly membership report (MMR) data file format. You were notified about the expanded format of the MMR in the July 25, 2001 system letter from Gary Bailey. The beneficiary-level information contained in this report is being supplemented with data pertaining to congestive heart failure (CHF) status, a plan benefit package (PBP) identifier and a race code. The record length has increased to 200 and the last 11 spaces are filler for future expansions. See the attached record layout.

While the expanded format of the MMR will be implemented effective with the January 1, 2002 version, not all of the data elements will be populated immediately.

- The 2001 CHF and 2002 CHF indicators will be populated beginning with the January 1, 2002 report. Please note the following regarding the 2001 and 2002 CHF indicators:
  - Enhanced payments related to the participation of an MCO in the Quality Assessment and Performance Improvement initiative for CHF will begin either on March 1, 2002 or June 1, 2002. In both cases, the payments will be retroactive to January 1, 2002. The payment start date is dependent upon the submission of the qualifying statistics. (See OPL 129 for more information on the CHF/QAPI initiative.)
  - The 2001 CHF indicator may differ from what was reported to you in 2001 as it was updated if additional encounter data was received by 10/1/2001. Payment differences will be addressed during the CY2001 risk adjuster reconciliation.
- The PBP identifier will be populated beginning with the June 1, 2002 report. NOTE: CMS will populate all members of an MCO with the PBP # with the highest projected

enrollment. MCOs will submit corrections as needed after reviewing the June 1, 2002 report.

- The Race code will be populated beginning with the January 1, 2003 report.

### **Test File Data**

Data files have been created for your organization to access and download. Your organization will be able to test receipt and processing of the new data on the revised MMR. **Please note that the MMR data files that will be used for testing will contain information that does not necessarily reflect the members' true status.** The files were created from data that was used by CMS in the development and testing of the programming changes made to the managed care systems.

### **Testing Process**

This process will be conducted in a test version of GROUCH. Test files in the new MMR data file format have been created and are available for each MCO. Use the same procedures that you normally do (per section 6 in the Plan Communications User's Guide) to build the transmit file and download it.

After you connect to the HCFA Data Center, press ENTER, select 1 - TSO from the CMS (HCFA) Application Menu screen, login and proceed as follows.

- Type TSO GR200 on the command line of the ISPF menu.
- At the Report menu, select Monthly Membership and build the transmit file for 112001.
- Go to the TSO READY prompt by pressing F3 and entering =x on the command line of the ISPF menu.
- Click on RECEIVE FILES FROM HOST.
- In the HOST FILE NAME block, type (in single quotes) 'XXXX.@BGD5050.R200.DATA' where XXXX = your userid
- In the PC FILE NAME block, type C:\PC FILE NAME (the name the user gives the report)
- Click on OPTIONS and be sure that ASCII and CRLF are typed in the box.
- Click on OK on the FILE TRANSFER OPTIONS.
- The TRANSFER MODE box should read TEXT.
- Click on ADD TO LIST.

- Click one time on the entry in the TRANSFER LIST block.
- Click on RECEIVE.

The user will begin to see the file transfer.

### **Contact Information**

If you have any questions about the testing process, please contact your central office technical staff person.

REGION	CONTACT	PHONE #	E-MAIL
I – III	Sarah Brown	410-786-6358	Sbrown1@cms.hhs.gov
IV – VI	Sue Hartman	410-786-6192	<a href="mailto:Shartman@cms.hhs.gov">Shartman@cms.hhs.gov</a>
VII	Jeanette Walker	410-786-1125	Dwalker1@cms.hhs.gov
VIII – X	Sue Mathis	410-786-6938	Smathis@cms.hhs.gov

If you do not use GROUCH to access your MMRs, please contact

1. Kim Miegel, 410-786-3311, [kmiegel@cms.hhs.gov](mailto:kmiegel@cms.hhs.gov) or
2. Ed Howard, 410-786-6368, [ehoward1@cms.hhs.gov](mailto:ehoward1@cms.hhs.gov).

Thank you for your cooperation in completing your testing prior to December 26.

Attachment

## Monthly Membership Data File

2002 Monthly Membership Data File Records				
“*” before Field # denotes new or changed field from previous version				
#	Field Name	Len	Pos	Description
1	Contract Number	5	1-5	Contract Number
2	Run Date	8	6-13	YYYYMMDD
3	Payment Date	6	14-19	YYYYMM
4	HIC	12	20-31	
5	Surname	7	32-38	
6	First Initial	1	39-39	
7	Sex	1	40-40	M = Male, F = Female
8	Date of Birth	8	41-48	YYYYMMDD
9	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	5	53-57	
11	Out of Area Indicator	1	58-58	Y = Out of Area Always Spaces on Adjustment
12	Part A Entitlement	1	59-59	Y = Entitled to Part A
13	Part B Entitlement	1	60-60	Y = Entitled to Part B
	<i>Demographic Health Status Indicators:</i>			

2002 Monthly Membership Data File Records				
“*” before Field # denotes new or changed field from previous version				
#	Field Name	Len	Pos	Description
14	Hospice	1	61-61	Y = Hospice
15	ESRD	1	62-62	Y = ESRD
16	Working Aged	1	63-63	Y = Working Aged
17	Institutional	1	64-64	Y = Institutional
18	NHC	1	65-65	Y = Nursing Home Certifiable
19	Medicaid	1	66-66	Y = Medicaid Status
	<i>Risk Adjuster Indicators:</i>			
20	FILLER	1	67-67	SPACES
21	Medicaid Add-on	1	68-68	Y = Entitled to Medicaid Add-on
22	PIP-DCG Category	2	69-70	PIP-DCG Category
23	Default Factor Indicator	1	71-71	Y = Default Factor Used
24	Risk Adjuster Factor A	7	72-78	NN.DDDD
25	Risk Adjuster Factor B	7	79-85	NN.DDDD
	<i>Fields 26 - 30 applicable to both Demographic and Risk Adjuster:</i>			
26	Number of Paymt/Adjustmt Months Part A	2	86-87	99

2002 Monthly Membership Data File Records				
“*” before Field # denotes new or changed field from previous version				
#	Field Name	Len	Pos	Description
27	Number of Paymt/Adjustmt Months Part B	2	88-89	99
28	Adjustment Reason Code	2	90-91	99 Always Spaces on Payment
29	Paymt/Adjustmt Start Date	8	92-99	YYYYMMDD
30	Paymt/Adjustmt End Date	8	100-107	YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	9	108-116	-\$\$\$\$\$.99
32	Demographic Paymt/Adjustmt Rate B	9	117-125	-\$\$\$\$\$.99
33	Risk Adjuster Paymt/Adjustmt Rate A	9	126-134	-\$\$\$\$\$.99
34	Risk Adjuster Paymt/Adjustmt Rate B	9	135-143	-\$\$\$\$\$.99
35	Blended Paymt/Adjustmt Rate A	9	144-152	-\$\$\$\$\$.99
36	Blended Paymt/Adjustmt Rate B	9	153-161	-\$\$\$\$\$.99
37	Total Paymt/Adjustmt	9	162-170	-\$\$\$\$\$.99
	<i>Additional Risk Adjuster Indicators:</i>			
*38	2001 CHF Flag	1	171-171	2001 Congestive Heart Failure Y = Yes N, blank = No Always spaces on adjustment

2002 Monthly Membership Data File Records				
“*” before Field # denotes new or changed field from previous version				
#	Field Name	Len	Pos	Description
39	Risk Adjuster Age Group (RAAG)	4	172-175	BBEE BB = Beginning Age EE = Ending Age
40	Previous Disable Ratio (PRDIB)	7	176-182	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On
*41	2002 CHF Flag	1	183-183	2002 Congestive Heart Failure Y = Yes, N, blank = No Always SPACES on Adjustment
*42	2003 CHF Flag	1	184-184	2003 Congestive Heart Failure Y = Yes, N, blank = No Always SPACES on Adjustment
*43	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
*44	Race Code	1	188-188	Format X
*45	FILLER	12	189-200	SPACES